

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. [APPLICANT(S)]	FILED DATE						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.													
TOTAL DEP.	12												
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